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Cardiovascular Disease Preventive Services in Montana:

An Assessment of Health Insurance Carriers—2006/2007

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Introduction

Cardiovascular disease (including heart disease and stroke) continues to be the leading cause of death in Montana and one of the most expensive diseases to treat in the United States (1,2). Many risk factors for cardiovascular disease (CVD) are preventable and modifiable and because of this, prevention of CVD and related risk factors is an important topic for health insurance companies and employers who provide health insurance coverage for employees. The impact of preventable chronic disease is substantial; researchers estimate that 75% of all healthcare costs directly stem from preventable chronic health conditions, yet only 1% of the $1.9 trillion dollars spent on healthcare in the United States is devoted to protecting health and preventing illness and injury (3,4).

Recently employers have emerged as a setting for the prevention of chronic disease, largely due to the current reliance on employer-sponsored health insurance and the national trend of increased health insurance premium costs. For this reason, the survey took a critical look at the coverage of clinical preventive services, specifically cardiovascular disease-related benefits and policies of managed care organizations and indemnity health plans that serve Montanans and Montanan employers.

The impact of preventable chronic disease is substantial . . .

Purpose

The purpose of the 2006/2007 "Cardiovascular Assessment of Montana Health Insurance Carriers" survey was to assess the CVD-related policies and benefits provided by managed care organizations and indemnity health plans that serve Montanans. The survey assessed the level of coverage of various CVD preventive services and programs, risk factor reduction and control services and post-heart attack treatment—including medication reimbursement and follow-up care.

Method

The Montana State Auditor's Office provided the Montana Cardiovascular Health (CVH) Program with the 2005 health insurance premium breakdown forms that identified insurance companies who provided group and individual health insurance in Montana (5). The survey was distributed to 19 insurance carriers based on their percentage of the market share and to the state Medicaid program. This survey was mailed to the corporate office of each health insurance company and was addressed to the medical director, CEO or a specific pre-identified contact.

The survey was adapted from other state insurance assessments and was mailed in December 2006 (6-9). Follow-up e-mails and telephone call reminders were sent to non-responders to increase response rates. In addition, as an incentive, respondents were eligible for a $75 gift card. The 36-question survey asked a variety of questions about the coverage that health plans provided for members in the following areas:

- Cardiovascular disease risk identification
- Cardiovascular disease risk reduction indicators, programs and services
- Prevention and wellness resources
- Incentives to employers and members
- National guidelines
- Healthcare quality assurance systems
- Post-heart attack care
- Cost savings

Results

The response rate was 35% (7 of 20). Only one of seven respondents entered into the random drawing for the incentive. The $75 gift card incentive appeared to have no effect on the completion rate.

Preventive Services

- 83% of health plan respondents provided coverage for annual health screenings, but the majority of these carriers offered coverage to less than half of their members.
- In some plans, 57% of the carriers provided a free Health Risk Assessment (HRA).
- 43% of health plans identified at-risk members. These plans use targeted approaches for members at different risk levels ***and*** the plans also provide individualized risk factor counseling for members identified as at-risk.
- Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service.
  - 43% of respondents collected data for beta-blocker treatment after a heart attack and for comprehensive diabetes care.
  - All of the health plan respondents that reported collecting heart disease and stroke prevention/treatment HEDIS data are interested in improving their HEDIS scores.
- Some insurance companies offered reimbursement in ***all*** offered plans for heart disease and stroke preventive services. Those carriers covered various services at the following rates:

Preventive services	%
Blood pressure screenings	43
Blood cholesterol screenings	50
Blood glucose screenings	50
Lipid-lowering medications	67
Blood pressure lowering medications	67
Diabetes supplies (glucose meter, strips, medications, etc.)	67
Diabetes education	60
Cardiac rehabilitation	67
Stroke rehabilitation	67
Smoking cessation or nicotine replacement therapy	60

- Two of seven health plans reimbursed members for all of the above services in ***certain*** plans.

Opportunities for Improvement

- Only one health plan had a quality improvement (QI) program related to heart disease, stroke or CVD risk factors, with the QI programs tied to HEDIS scores.
- Two of seven health plans promoted CVD prevention and management services through ***all*** of their health plans for blood pressure, lipid control and diabetes management. However, only one of seven respondents promoted CVD prevention programs and services for tobacco cessation, nutrition/dietary intake, weight management and physical activity.
- Of the health plans that provided at least one CVD prevention and management service, 40% have a system to refer at-risk members into these programs, and 40% allow at-risk members to self-refer into these services. These services are most commonly available to members via the following sources: telephone (80%), primary care provider (80%) or regular mailings (60%).
- One of six health plans offered a discounted insurance premium to employers as an incentive for controlling annual healthcare costs.
- Health plans encouraged their healthcare providers to use the following standardized treatment and prevention protocols at the following rates:

National Guidelines	%
National Cholesterol Education Program (NCEP)	17
Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC)	29
American Heart Association guidelines for primary prevention of heart disease and stroke	29
American Heart Association/American College of Cardiology guidelines for patients with coronary and other vascular diseases	29

- One health plan had policies to encourage the adoption of electronic data systems.
- Just one health plan reported cost savings over time as a result of their CVD and risk factor control programs (i.e., reductions in the number of emergency room visits or hospitalizations directly related to CVD, pharmacy costs or specialty physician visits).
- Only one health plan had policies in place to foster the use of multidisciplinary care teams to deliver coordinated and quality preventive care.

Discussion

This survey focused on CVD prevention and control because five of the top 15 most costly conditions to treat in the U.S. are CVD or risk factors (ischemic heart disease, hypertension, cardiac dysrythmias, peripheral vascular disorders, congestive heart failure) (2). For 2007, the estimated total cost of CVD in the U.S. was $431.8 billion, including both direct and indirect costs (10).

High Blood Pressure

With nearly 1 in 3 American adults living with high blood pressure (11, 12), it is important to review the hypertension coverage provided by health insurance companies that provide coverage in Montana. Considering the prevalence of high blood pressure, less than half of the responding health insurance plans indicated reimbursement for blood pressure and blood cholesterol screening, 43% and 50%, respectively. Encouragingly, reimbursements for blood pressure and lipid-lowering medications and diabetes supplies were higher, each at 67%. Considering that adults with untreated or poorly controlled hypertension are at increased risk of heart disease, stroke, peripheral artery disease, aortic aneurysm and other diseases (12) and that the U.S. Preventive Services Task Force strongly recommends screening, counseling and treatment for high blood pressure (13), health insurance providers could be encouraged to provide increased reimbursement for screening and detection and to continue higher medication reimbursement.

Due to preventable complications such as absenteeism, reduced productivity and disability, hypertension is one of the 10 most expensive health conditions for employers (14). Some employers sponsor annual health fairs or health screenings which include blood pressure screening; however, control of hypertension could be increased if more screenings included a reliable referral-to-healthcare practitioner system and adequate health insurance coverage because clinicians could identify those with hypertension and begin early treatment, which has potential for substantial cost savings and health benefits. Controlling high blood pressure with medications is one of the most cost-effective methods of reducing premature cardiovascular morbidity and mortality (15,16).

HEDIS Improvement

Some insurers in Montana collected HEDIS data for several CVD indicators including:

- Beta-blocker treatment after a heart attack (43%)
- Persistence of beta-blocker treatment after a heart attack (14%)
- Control of hypertension (14%)
- Cholesterol management after an acute cardiovascular event (29%)

- Management of diabetes (29%)
- Comprehensive diabetes care (43%)
- Medical assistance with smoking cessation (14%).

Four of seven health insurance respondents collected HEDIS data about heart disease and stroke prevention and treatment. Since all of these health insurance companies are interested in improving their HEDIS scores, there is a significant opportunity to monitor and collaborate on interventions that could increase HEDIS scores.

Multidisciplinary Care and Health Plan Quality

When discussing the increasing costs of healthcare insurance, there are several factors to consider, such as the use of multidisciplinary care teams. The results of the Montana survey indicated that only 1 of 7 health insurance carriers had a "policy in place to foster the use of multidisciplinary care teams to deliver coordinated and quality preventive care." However, according to an analysis of quality improvement strategies conducted by the Agency for Healthcare Research and Quality, changes in the structure or delivery of clinical care (including the use of multidisciplinary teams) can be an effective method of improving patients' blood pressure control (17). A closer look at the quality and coordination of the care that health plans provide may reveal some clear areas where gaps can be addressed. In 2007 the National Committee for Quality Assurance (NCQA) identified 25.5 million sick days due to suboptimal care for hypertension, heart disease and diabetes and a total loss of an estimated $4 billion dollars in lost productivity (18). This is a high price tag and burden for employers. Increased attention to supportive policies for, and the use of, multidisciplinary care may be a feasible way to improve healthcare delivery to the individual and reduce unnecessary healthcare spending in Montana.

Priority of Services

The Partnership for Prevention asserts that health outcomes in the United States could be improved at less expense if the healthcare system, clinicians and patients gave priority to services that were most beneficial and offered the greatest value (19). Two of seven survey respondents provided CVD prevention and management services through ***all*** of their health plans for blood pressure, lipid control and diabetes management, and 3 of 7 respondents provided these services in ***certain*** plans. These three prevention programs are in the "Top 25 High-Value Preventive Services" rated as a priority preventive service that a health insurer or employer is strongly encouraged to provide within the structured health plan benefits (13).

Employers

In Montana, 70% of small employers are interested in a "health insurance premium discount" incentive from health insurance carriers to encourage employers to implement worksite wellness programming (20), (Figure 1). However, only 1 of 7 insurance companies responded that they provided the opportunity for employers to earn a health insurance premium discount. One supportive benefit that insurers provided to employers is an HRA. Fifty-seven percent of health plan carriers responded that they offer a free HRA in all or some of their health plans. Employers can seek a health insurance carrier that provides a plan that offers a free HRA.

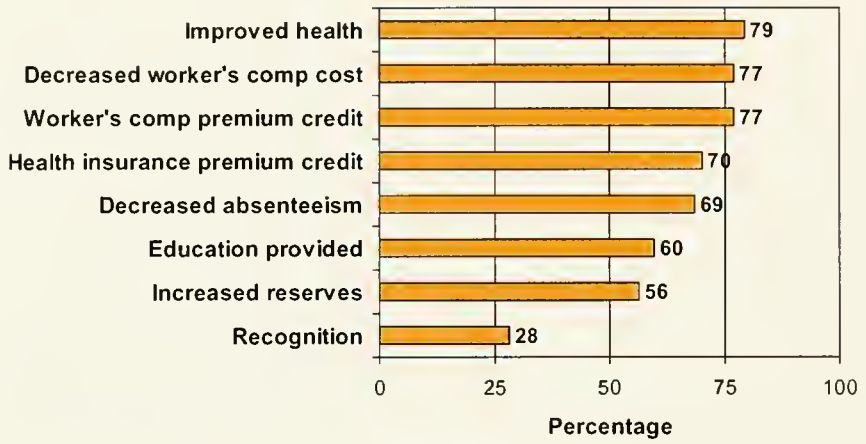

Figure 1. Incentives that might encourage small employer worksites to implement a worksite wellness program

Health Plan and Benefits Structure

Providing appropriate preventive care services is an effective top-down method to change the environment and structure of health plans. The Institute of Medicine stresses the importance of this approach, which is shifting from *only* changing individual behavior (behavior modification) to changing the environment in order to encourage behavior modification (21). Dee Edington, PhD and Director of the Health Management Research Center at the University of Michigan, echoed these sentiments and stated that "policy and environmental change at the employer and health plan level is necessary in order to effectively decrease medical care spending" (22).

Seventy-one percent of the health plan respondents provided at least one CVD prevention and management service. Of these respondents, 40% had a system to refer at-risk members into these services and 40% allowed at-risk members to self-refer into these options. These rates are low considering the emphasis on preventive benefits that the National Business Group on Health (NBGH) places on benefit design and communication. The Purchaser's Guide dedicates an entire section to specific benefit plan design and language (Summary Plan Description Language Statements for Recommended Clinical Preventive Service Benefits). The Purchaser's Guide explains that a health plan with a structured

set of preventive services assures that all parties—the health plan, healthcare providers, the consumers (employees), and plan sponsor (employer) - know that such benefits exist and should be used, and this encourages consistent and appropriate use of preventive services by all parties (13).

Conclusion

Montana health insurance providers have many strengths and also areas where improved care and coverage could reduce dollars lost and increase the quality of care. With the elevated amount of conversation about health insurance reform and the role of employer-sponsored healthcare benefits, this survey provides several insights. Some recommendations include additional coverage of preventive services (particularly those for identifying and controlling high blood pressure and high cholesterol), increased use of multidisciplinary care, and improved incentives from the health plan for the employer, which would facilitate employers to engage and empower staff to lower their risk for heart disease and stroke. Taking advantage of these clear opportunities could increase the quality and delivery of healthcare, reduce healthcare costs and improve the health of Montanans.

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For more information about preventing heart disease and stroke in Montana, please visit the following websites:

- Montana Cardiovascular Health Program
  http://montanacardiovascular.mt.gov

- American Heart Association / American Stroke Association
  www.americanheart.org

- Excellence in Worksite Wellness Awards
  http://montanacardiovascular.mt.gov
  and click on "Excellence in Worksite Wellness Awards"

- Montana Nutrition and Physical Activity Program
  www.montananapa.org

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